

HIV/AIDS STATE OF EMERGENCY IN THE AFRICAN-AMERICAN COMMUNITY

***REBIRTH AND RENEWAL:
2005-2009 GOALS, OBJECTIVES
AND OUTCOMES***

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SECTION I

STATE OF EMERGENCY TASK FORCE AND 2004 LEADERSHIP RETREAT: RETOOLING THE STATE OF EMERGENCY PROGRAM

A. BACKGROUND AND OVERVIEW

On Friday, October 1, 2004, members of the HIV/AIDS State of Emergency Task Force (SOETF) attended an all day strategic planning retreat to 1) determine the need for continuing the task force 2) list the Task Forces' strengths, weaknesses and opportunities and 3) make recommendations for future SOETF activities.

Mayor Lee P. Brown of the City of Houston declared a state of emergency, on December 1, 1999 as a result of the HIV/AIDS epidemic in African-American communities. The purpose of the declaration was to increase the level of collaboration between agencies conducting HIV/AIDS related services within the City of Houston and to mobilize the community. From the declaration the State of Emergency Task Force was established. Within the task force three committees were formed: Action, Advocacy & Education and Media. The task force has diligently worked since the declaration to realize its' purpose.

B. STRATEGIC PLANNING RETREAT

The task force planned and held a strategic planning retreat on October 1, 2004, held at the Crowne Plaza Hotel in downtown Houston. Fifty people, representing people living with HIV/AIDS, community based organizations, HIV planning bodies, the health department and other stakeholders discussed the challenges, opportunities and successes of HIV prevention targeted to African-Americans.

First, the committee reviewed its past activities, structure and plans to determine:

1. The efficacy and need of continuing to having a State of Emergency declared for African-Americans.
2. The role, responsibilities and composition of the State or Emergency Task Fore (SOETF).
3. Redrafting the goals, objectives and activities of the State of Emergency beyond 2004.

Second, the committee discussed strengths and weaknesses of the SOETF. Each group broke into committees and answer questions specific to the respective committee. Guiding questions were given to each committee to answer (a copy of the guiding questions can found in the appendix). Each committee established goals, objectives, timelines and cost. Each committee summarized their findings and recommendations were made.

Six core recommendations arose from the retreat::

- ✓The HIV/AIDS State of Emergency declaration for African-Americans should continue in effect for an additional five (5) year period. City officials should renew the State of Emergency during an announcement on December 1, 2004 (World AIDS Day).
- ✓The State of Emergency Task Force (SOETF) should have greater responsibility for the management and direction of resources earmarked for SOE activities.
- ✓Enhanced and targeted prevention services should be targeted to raise levels of awareness and link at risk or infected individuals with HIV prevention and care services.
- ✓The SOETF should strive to increase participation of non-medical, non-HIV affiliated community-based organizations and community stakeholders in HIV prevention efforts targeted to African- Americans.
- ✓The City of Houston through the Department of Health and Human Services (HDHHS) should fortify HIV prevention strategies targeted to African-Americans by conducting capacity building assistance programs.
- ✓The City of Houston should allocate appropriate resources to fully implement the goals, objectives and activities outlined in the 2005-2009 State of Emergency Plan.

C. SOETF STRENGTHS, WEAKNESSES AND OPPORTUNITIES

SOETF VALUES/STRENGTHS

The SOETF determined that it had unique strengths and values which make its existence and activities in working to prevention HIV/AIDS among African-Americans critical:

- Volunteer directed
- Non-traditional –
- Longevity (commitment)
- Ability to share with the community
- Diversity
- Ability to Sustain
- Ability to reach the forgotten people
- Support from government agencies – need to maximize
- Collaboration
- Personal investment

- Expertise/skills
- Advocacy
- Ability to achieve goals
- “Front line” staff

THREATS/MISTAKES/WEAKNESSES

In moving forward, the SOETF evaluated current and past activities to determine areas for improvements, weaknesses and threats:

- Non HDHHS funded agencies are often not recognized
- Restrictions in getting creative funding
- Lack of communication from HDHHS to SOETF
- Understanding where task force is housed – accountability,
- Reporting issues
- Show me the money – how much?
- CBOs/ASOs are not supportive of SOE events
- Where is consumer input?
- Not a separate entity
- Didn’t do original plan
- Contract compliance related to outreach/testing
- Reimbursement structure
- Missing key voice (Access)
- Credentials
- Confidentiality/Visibility
- Credibility
- Didn’t get dollars that was promised
- SOE contractors did not participate in SOETF activities
- Business community not involved

D. RECOMMENDATIONS

After reviewing current HIV and AIDS data (section IV), discussing policy and programs that will impact delivery of HIV prevention services (section V) the SOETF unanimously agreed to the recommendations that follow.

RECOMMENDATIONS

The HIV/AIDS State of Emergency declaration for African-Americans should continue in effect for an additional five (5) year period. City officials should renew the State of Emergency during an announcement on December 1, 2004 (World AIDS Day).

The State of Emergency Task Force (SOETF) should have greater responsibility for the management and direction of resources earmarked for SOE activities.

Enhanced and targeted prevention services should be targeted to raise levels of awareness and link at risk or infected individuals with HIV prevention and care services.

The SOETF should strive to increase participation of non-medical, non-HIV affiliated community based organizations and community stakeholders in HIV prevention efforts targeted to African-Americans.

The City of Houston through the Department of Health and Human Services (HDHHS) should fortify HIV prevention strategies targeted to African-Americans by conducting capacity building assistance programs.

The City of Houston should allocate appropriate resources to fully implement the goals, objectives and activities outlined in the 2005-2009 State of Emergency Plan.

SECTION II

GUIDING PRINCIPLES

Attendees of the SOE retreat agreed that to be successful, it is critical that the City of Houston and its functional organizations agree to and abide by several critical guiding principles that will impact the African-American community's' capacity, identification, involvement and profile.

A. COMMUNITY AND ORGANIZATIONAL CAPACITY

Principle:

HIV/AIDS State of Emergency activities must increase community and organizational capacity of the African-American community to respond to the HIV/AIDS Epidemic. Capacity building assistance (CBA) is an inherent and required component of SOE activities.

Community capacity building assistance will increase the number and skills of individuals to engage social networks, sexual partners, influence decision makers and serve as effective members of local planning bodies. These CBA activities will increase the number of indigenous African-American community leaders to become engaged in the process and thereby impact the diffusion of HIV prevention services to those at highest risk.

Organizational capacity building assistance will increase/improve the number and ability of community based organizations to provide HIV prevention, care and supportive services. These CBA activities will increase the effectiveness and ensure HIV prevention services are delivered in a culturally sensitive and appropriate manner.

HDHHS Action

Over the next five years, HDHHS must fund a provider to coordinate CBA activities to increase organizational and community capacity.

B. Community Identification

Principle:

HIV/AIDS State of Emergency activities focus should specifically and explicitly on African-Americans in Houston. Both HIV infection and reported AIDS diagnosis continue to show disproportionate rates in the African-American community; hence, this group must be specifically targeted by organizations and individuals who are of, by and for that community.

Community based organizations that are funded to conduct HIV prevention services should have, at minimum the following qualifications:

- A culturally appropriate board of directors, with at least **75%** being African-American. The board should include access to and the experiences of people living with HIV/AIDS.
- **Documented** connections and linkages to the current and past HIV/AIDS State of Emergency Committee.
- A culturally appropriate staff, with at least **75%** being African-American.
- A **documented three year** track record of being funded by HDHHS, CDC, DSHS or other entities to provide HIV prevention services.
- Be **located** in a highly impacted community and have direct relations/connections with individuals being targeted.
- **Documented** linkages to the existing State of Emergency Task Force.
- **Document** linkages to HIV CARE programs, including primary medical care, case management, psychosocial support and substance abuse treatment/counseling.

COH/HDHHS Action

Utilize these guiding principles when developing requests for proposals and funding agencies that will conduct SOE activities.

C. Community Involvement

Principle:

HIV/AIDS State of Emergency activities should be coordinated, directed and developed by a board based community involvement task force comprised of community leaders with direct relationships with or experience serving, faith communities, gay and bisexual men, youth, women, heterosexual men, incarcerated populations, substance abusers and persons with mental health issues.

The SOE Task Force should meet regularly and determine the focus and direction of SOE activities.

The SOE Task Force should focus on three critical areas:

- Action and Involvement – this committee shall direct HIV prevention interventions targeted to the community.
- Advocacy and Education – this committee shall direct community mobilization efforts.
- Media Relations – this committee shall direct media events and activities.

COH/HDHHS Action

Support the SOE task force with necessary staff resources and facilitate meetings as requested.

D. Community Profile

Principle:

HIV/AIDS State of Emergency must determine the individual and collective needs of African-Americans in Houston by developing a comprehensive, geographically specific profile. This profile will assess the public health infrastructure, knowledge, attitudes, behaviors and beliefs (KABB) of residents and fortify existing resource inventories and gaps analysis.

The community profile should:

- Utilize the Rapid Assessment, Response and Evaluation (RARE) method to determine community specific needs.
- Use qualitative, scientific, evidence-based approaches to develop community owned data;
- Take into account important cultural, racial and ethnic considerations and contexts;
- Focus on real-life situations and individuals.
- Complement existing local data, such as needs assessments, epidemiological data and other available data sources, and
- Develop community specific epidemiological profiles.

COH/HDHHS Action

Fund the development of a community profile with a completion date of early 2005. Direct and tailor SOE outreach and testing programs based on the profile's determinations.

SECTION III

POLICY AND PROGRAMS THAT WILL IMPACT HIV PREVENTION EFFORTS 2005-2009

Aside from local and state issues, several critical federal programs will directly impact HIV/AIDS policy and programs. These issues must be considered and factored into local HIV prevention efforts.

A. ADVANCING HIV PREVENTION (AHP)

In late 2003, the Centers for Disease Control and Prevention (CDC) released new HIV prevention protocols/programs in the form a program called Advancing HIV Prevention (AHP): New Strategies for A Changing Epidemic.

AHP directs CDC funded HIV prevention programs (directly funded CBOs and health departments) to focus on four (4) core strategies:

1. Make HIV prevention a routine part of medical care.
2. Identify new models for diagnosing HIV.
3. Preventing HIV transmission by working with HIV positive persons.
4. Further eliminate perinatal HIV transmission.

As Houston's HIV prevention efforts are predominately funded by CDC resources, this policy shift will directly impact programs, and may shift or eliminate existing primary prevention programs.

Challenges for SOE efforts:

CDC resources may be directed to follow AHP strategies; this may directly impact traditional HIV prevention efforts that are part of this plan.

SOETF efforts should proactively incorporate and merge applicable AHP strategies with efforts targeted to African-Americans.

B. DIFFUSION OF EFFECTIVE BEHAVIORAL INTERVENTIONS (DEBI) PROJECT

Linked to AHP and beginning with its directly funded CBO announcement 04064, CDC required programs to utilize only those interventions that have been scientifically proven to be effective. These evidence based interventions (EBIs) have been evaluated and, according to CDC, prove to be effective in addressing the HIV prevention needs of the community.

The Diffusion of Effective Behavioral Interventions (DEBI) Project is a national level strategy to provide training and on-going technical assistance on selected EBIs to state and commit program staff.¹

CHALLENGES FOR SOE EFFORTS:

Only two (2) of the EBIs (Brotha to Brotha and SISTAS) directly involved African-Americans as its primary research target. However, both interventions African-American groups in San Francisco, California. The community culture and issues may not directly translate to those issues in Houston, Texas.

None of the EBIs were tested, evaluated and validated within the traditional south. The conservative nature of Houston may impact EBI core elements.

Most EBIs were developed over a decade ago; it's unclear how today's realities of HIV/AIDS, including highly active antiretroviral therapy, which makes some perceive HIV is curable, and new diagnostic methods, which hamper pre-test counseling, are incorporated.

Few EBIs focus specifically on African-American heterosexual males; if EBIs are the only prevention strategy that must be employed, how will the needs of heterosexual men be addressed?

CBOs providing services to African-Americans should transition to EBIs as soon as possible. The SOETF Advocacy and Education Committee should develop a plan to disseminate information accordingly.

¹ Centers for Disease Control and Prevention, Procedural Guidance for Selected Strategies and Interventions for Community Based Organizations Funded Under Program Announcement 04064.

C.**HOUSING**

In local needs assessments, an overwhelming number of people living with HIV/AIDS identify housing issues as a major factor that impacts daily living, long-term stability and ultimately health care delivery. Complicating diagnosis and treatment is the lack of a stable living situation, which makes adherence to strict medical regimens, transportation to providers and risk of co-morbidities, either related to HIV or opportunistic to HIV, at an even higher probability for this group.

As can be expected, affordable and desired housing is prime issue among persons who, because of their HIV diagnosis, are currently living on a fixed income. It should be noted, however, that in many cases, the issue of housing, for some, may have been a factor in the clients' engagement in risky behaviors (i.e. exchange of sex for money and/or housing) that may have factored in to their acquisition of the disease. With the average Social Security Income (SSI) benefit of being \$530 per month, it is nearly impossible for PLWHA who have SSI as a sole income source to make required down-payments just to secure rental housing, much less sustain the required monthly rental payments. Add to this issue the high percentage of individuals who report some state of homelessness, and it becomes clear why the city's housing programs should be improved.

The Housing Opportunities for Persons With AIDS (HOPWA) program provides emergency housing assistance and rental assistance to eligible persons with HIV/AIDS and their families. HOPWA programs serve as indirect HIV prevention strategies by providing assistance to help PLWHA, many of whom are on fixed incomes, continue to live independently. HOPWA programs may prevent PLWHA from engaging in exchange of sex for money to procure or sustain housing, and thus potential prevent HIV transmission.

HOUSING CHALLENGES FOR SOE EFFORTS:

Lack of affordable housing may cause PLWHA to engage in risk-taking behaviors and subsequently transmit HIV to others.

Sustainable housing programs should be considered an indirect HIV prevention strategy.

The Houston Department of Housing and Community Development (HDHCD), which administers HOPWA programs, should be engaged by HDHHS officials and SOETF members for their participation in developing a community wide strategy.

D. RAPID HIV TESTING PROGRAMS

The Centers for Disease Control and Prevention estimates that 850,000–950,000 persons in the United States are living with HIV; of these, 180,000–280,000 do not know they are infected. Of those who test positive at CDC-funded public testing sites, 31% do not return for their results. Hence, rapid HIV testing, which provides results within a half hour of an individual being tested are critical to increasing the number of individuals who know their status.

The CDC AHP initiative promotes rapid HIV testing as the method of choice for prevention programs. Rapid testing requires HIV screening protocols, locations, outreach sites and notification methods to be enhanced to ensure confidentiality of clients and provide at least a minimal amount of pre and post test counseling.

RAPID HIV TESTING CHALLENGES FOR SOE EFFORTS:

The cost per test is approximately ten (10) times higher than traditional testing methods. This impacts the number of tests providers are able to offer.

The current test requires a stable environment and may not be conducive to outreach during Houston summers.

When used in non-medical settings, providers will have to develop a process for issuing results such that individual confidentiality is not breeched.

Community based organizations providing rapid tests must obtain a CLIA waiver.

SECTION IV

EPIDEMIOLOGY OF HIV/AIDS IN THE AFRICAN- AMERICAN COMMUNITY

HIGHLY IMPACTED COMMUNITIES AND PRIORITY TARGET SUBGROUPS

A. Emphasis Populations

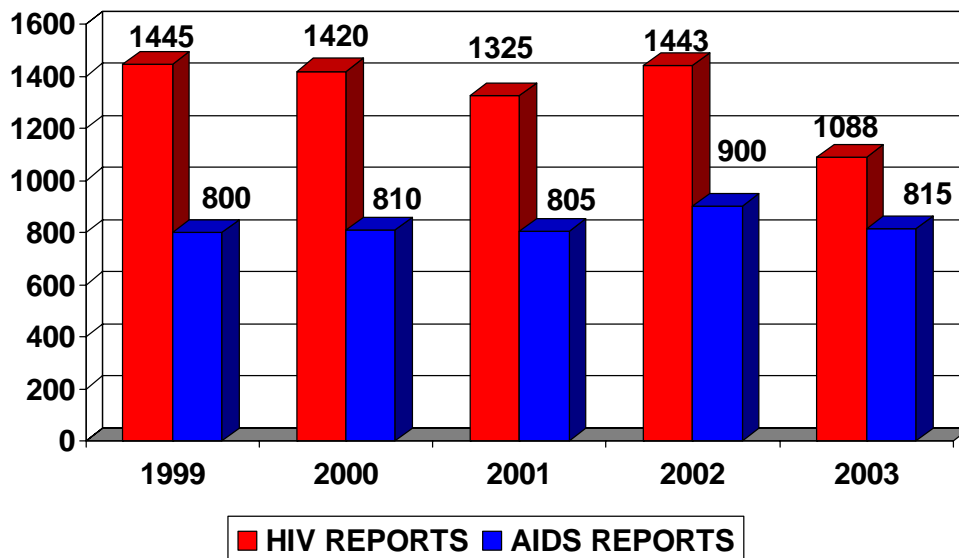
Based on data from the proceeding pages, four African-American subgroups should receive enhanced HIV prevention interventions. They are:

- African-American heterosexual men
- African-American heterosexual women
- African-American men who have sex with men
- African-American youth aged 13-19

In order to ensure that the limited HIV prevention resources targeted the individuals at greatest risk for acquiring or transmitting HIV, HDHHS should conduct a comprehensive community services assessment. This report should review resource allocation, epidemiology and program implementation geographically, and assist in ensuring programs are targeted in areas where they are needed.

B. Epidemiological data

CUMULATIVE HIV AND AIDS 1999 - 2003

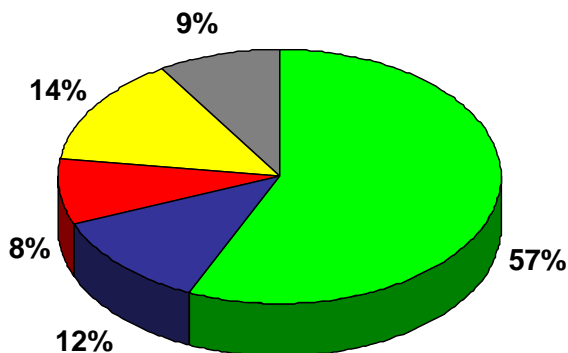


During period between 1999 – 2003:

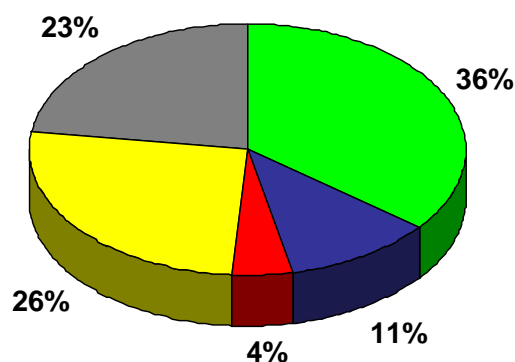
- The number of AIDS reports has remained fairly constant, at more than 800 cases per year.
- The number of HIV reports has remained constant at over 1400 cases per year.
- The significance of the decrease between 2002 and 2003 can not be measured until additional data points (years) come in.

HIV AND AIDS REPORTS BY MODE OF EXPOSURE (CUMULATIVE)

AIDS REPORTS



HIV REPORTS

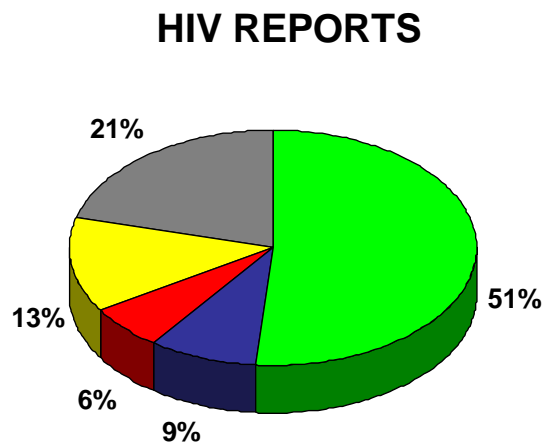
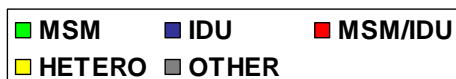
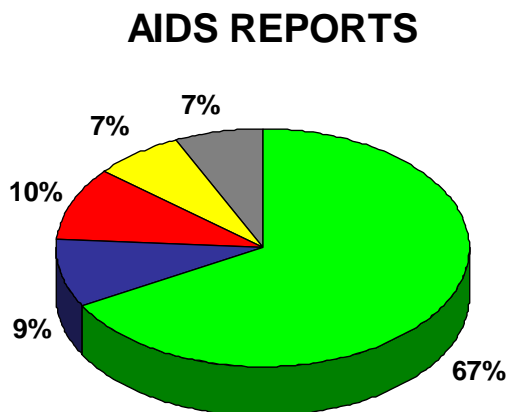


Comparing cumulative AIDS and HIV reports:

- The percentage of IDU cases is approximately the same.
- MSM are a smaller percentage of cumulative HIV reports (36%) than AIDS reports (57%)
- Heterosexuals are a larger percentage of cumulative HIV reports (26%) than cumulative AIDS reports (14%)

HIV AND AIDS REPORTS

MEN, BY MODE OF EXPOSURE (CUMULATIVE)



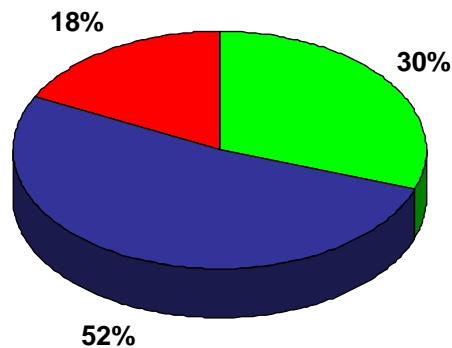
Comparing cumulative AIDS and HIV reports among men:

- The percentage of IDU cases is approximately the same (9%).
- The percentage of MSM cases is smaller (51%) for HIV reports than for AIDS reports (67%)
- The percentage of heterosexual cases is higher (13%) among HIV reports than AIDS reports (7%)

HIV AND AIDS REPORTS

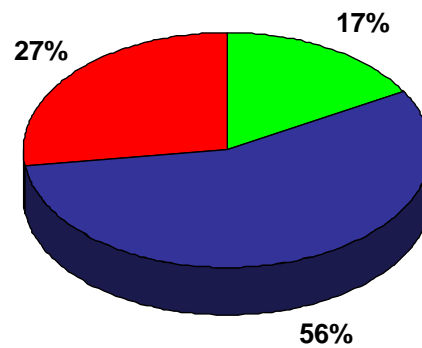
WOMEN, BY MODE OF EXPOSURE (CUMULATIVE)

AIDS REPORTS



■ IDU ■ HETERO ■ OTHER

HIV REPORTS



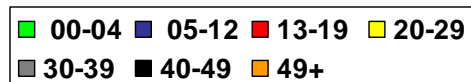
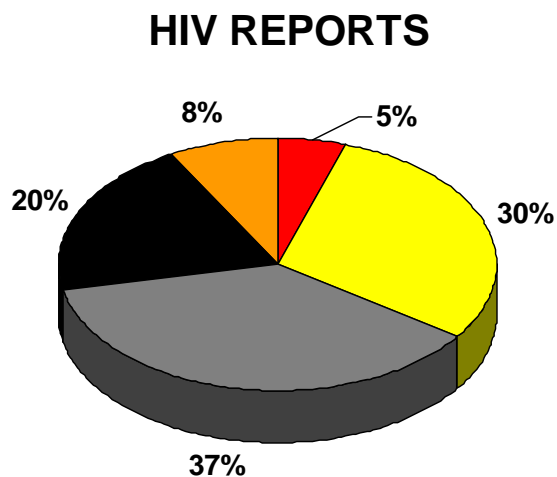
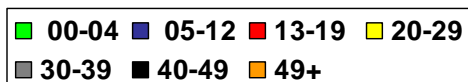
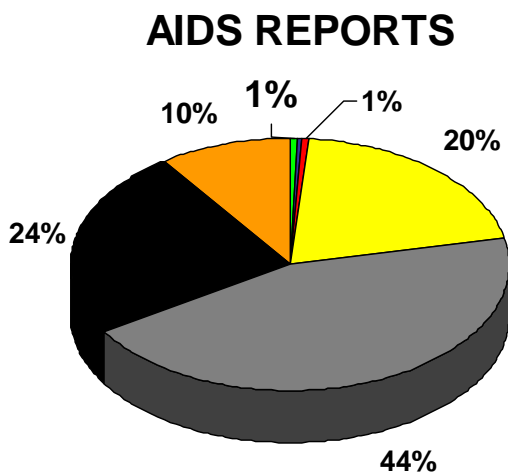
■ IDU ■ HETERO ■ OTHER

Comparing cumulative AIDS and HIV reports among women:

- The percentage of IDU cases is lower for HIV reports (17%) than AIDS reports (30%)
- The percentage of heterosexual reports is approximately the same (56% HIV reports, 52% AIDS reports).

HIV AND AIDS REPORTS

BY AGE (CUMULATIVE)



Comparing cumulative AIDS and HIV reports by age:

- The percentage of teen reports represents 5% of all HIV reports
- The 30 – 39 age group represents the largest percentage of AIDS (44%) and HIV (37%) reports.
- The 20 – 29 age group (30%) represents the second largest number of HIV reports.

EVIDENCE OF HIV IMPACT AMONG AFRICAN-AMERICANS

GROUP/EXPOSURE CATEGORY	% AFRICAN- AMERICAN
Youth 13-19	75%
Females	75%
IDU	71%
Cumulative	55%
Males	46%
MSM	33%

African-Americans make up the majority of cases in exposure category and age subgroups, including:

- 75% of teenage (13-19) HIV reports
- 75% of all female HIV reports
- 71% of IDU HIV reports
- 55% of cumulative HIV reports
- 46% of all male HIV reports
- 33% of all MSM HIV reports

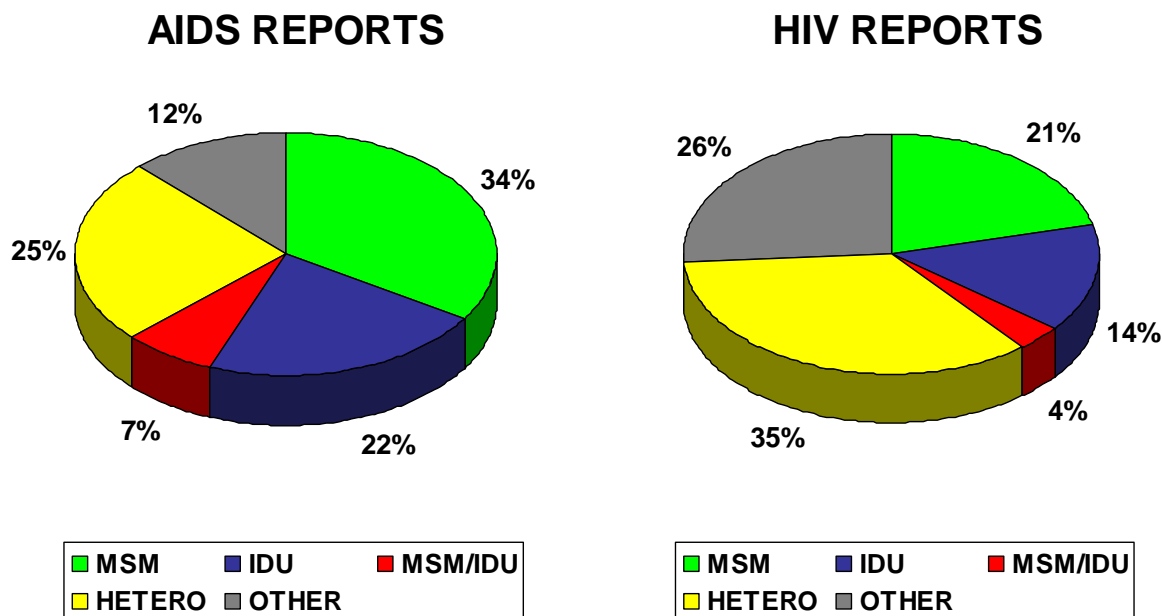
GROUP MOST IMPACTED BY HIV

GROUP	NUMBER OF HIV CASES	PERCENTAGE OF CUMULATIVE
Black Men	3160	32%
Black Women	2252	23%
White Men	2177	22%
Latino Men	1416	14%
Latino Women	383	4%
White Women	362	4%
Other Men	92	1%
Other Women	41	<1 %

African-American men and women are ranked #1 and 2 collectively in cumulative HIV reports in Houston:

- African-American men are 32% of Houston's cumulative HIV reports
- African-American women are 23% of Houston's cumulative HIV reports

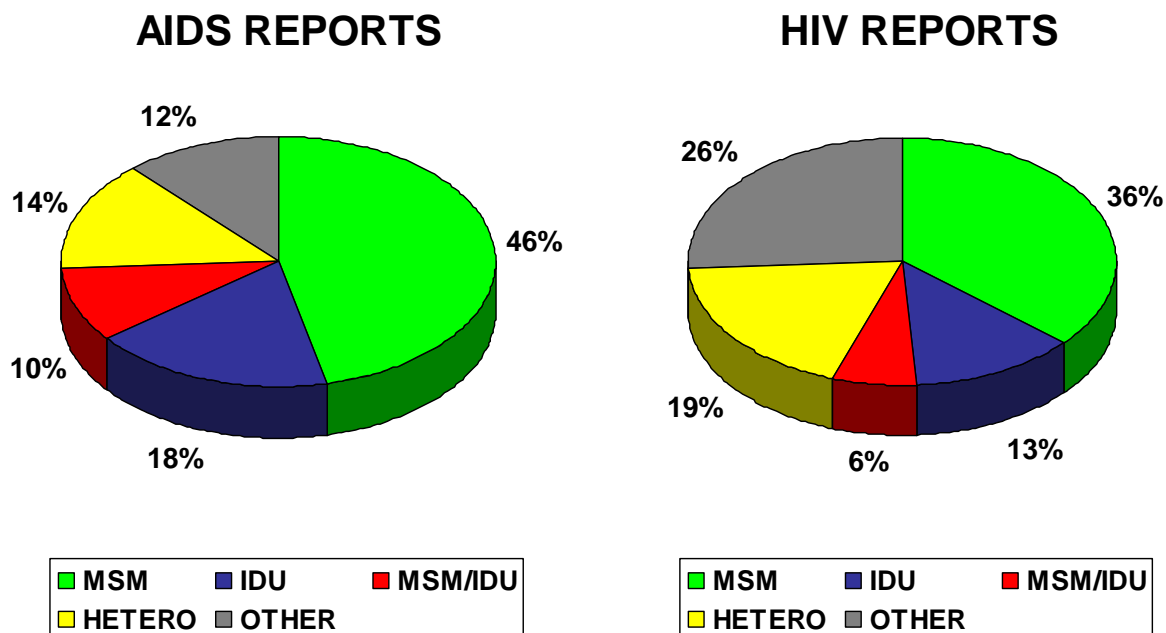
AFRICAN-AMERICAN HIV AND AIDS REPORTS MODE OF EXPOSURE (CUMULATIVE)



African-American cumulative HIV and AIDS reports by mode of exposure show increased cases among heterosexuals:

- MSM cases are lower in HIV reports (21%) than AIDS reports (34%).
- IDU cases are lower in HIV reports (14%) than AIDS reports (22%)
- Heterosexual cases are higher in HIV reports (35%) than AIDS reports (25%)

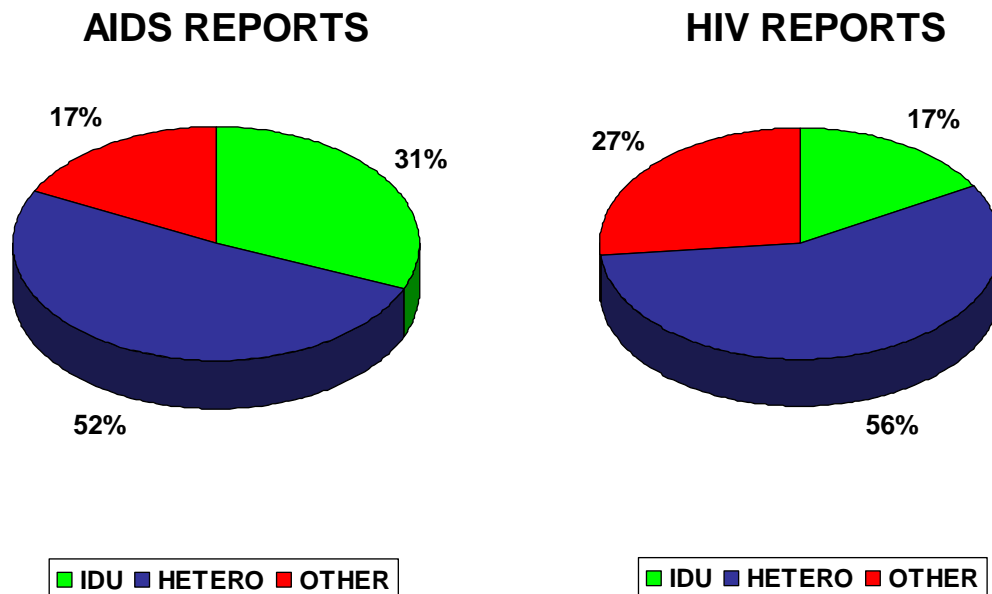
AFRICAN-AMERICAN HIV AND AIDS REPORTS MALE, BY MODE OF EXPOSURE (CUMULATIVE)



Among African-American men, MSM remains the greatest mode of exposure for HIV transmission:

- MSM cases are lower in HIV reports (36%) than AIDS reports (46%).
- IDU cases are lower in HIV reports (13%) than AIDS reports (18%)
- Heterosexual cases are higher in HIV reports (19%) than AIDS reports (14%)

AFRICAN-AMERICAN HIV AND AIDS REPORTS FEMALE, BY MODE OF EXPOSURE (CUMULATIVE)



Among African-American women, heterosexual transmission remains the most prevalent exposure category for HIV transmission

SECTION V

INTERVENTIONS AND STRATEGIES TO ADDRESS THE HIV PREVENTION NEEDS OF AFRICAN- AMERICANS

SUMMARY OF INTERVENTIONS AND RESOURCE NEEDS

Capacity building assistance	\$60,000
African-American heterosexual men	\$745,000
African-American heterosexual women	\$665,000
African-American men who have sex with men	\$580,000
African-American youth	\$320,000
Health communications/Public Information	\$385,000

5 YEAR RESOURCE NEED	\$2,755,000
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COMMUNITY ASSESSMENT AND CAPACITY BUILDING

**5-year resource need:
\$60,000**

GOAL		Increase knowledge, skills and abilities of community based organizations and stakeholders providing HIV prevention services to African-Americans by conducting organizational and community capacity building assistance programs.				
		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
1. By the April 2005, develop a comprehensive, geographically specific community services assessment that identifies the immediate, short and long terms needs of African-Americans.	NUMBER OF UNITS	N/A	1,000	1,000	1,000	1,000
	PEOPLE REACHED	N/A	1,000	1,000	1,000	1,000
	BUDGET \$35,000	\$35,000	\$65,000	\$65,000	\$65,000	\$65,000

2. On an annual basis, increase the capabilities of African-American CBOs to respond to the HIV epidemic by conducting organizational capacity building assistance.	NUMBER OF UNITS	20	20	20	20	20
	ORGANIZATIONS REACHED	30	30	30	30	30
	BUDGET \$25,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000

AFRICAN-AMERICAN HETEROSEXUAL MEN

**5-year resource need:
\$745,000**

OUTCOME OBJECTIVE	By the end of the project period, December 31, 2009, the incidence of HIV/AIDS among African-American heterosexual men will be reduced by 50% when compared to the 1999 rate.					
GOAL	Increase awareness, access and participation of African-American heterosexual men in HIV prevention programs by targeting outreach, testing and educational programs.					
		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
3. By the end of the project year, increase the number of African-American heterosexual men who are knowledgeable of their serostatus by conducting HIV counseling and testing programs in community based settings.	NUMBER OF UNITS	1,000	1,000	1,000	1,000	1,000
	PEOPLE REACHED	1,000	1,000	1,000	1,000	1,000
	BUDGET \$325,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000

		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
4. By the end of the project year, increase the number of African-American heterosexual men who have access to HIV prevention strategies by conducting street outreach/referral interventions.	NUMBER OF UNITS	500	500	500	500	500
	PEOPLE REACHED	15,000	15,000	15,000	15,000	15,000
	BUDGET \$330,000	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000
5. By the end of the project year, conduct intensive, skills building training for African-American heterosexual men by conducting individual level interventions.	NUMBER OF UNITS	300	300	300	300	300
	PEOPLE REACHED	300	300	300	300	300
	BUDGET \$90,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

AFRICAN-AMERICAN HETEROSEXUAL WOMEN

**5-year resource need:
\$665,500**

OUTCOME OBJECTIVE	By the end of the project period, December 31, 2009, the incidence of HIV/AIDS among African-American heterosexual women will be reduced by 50% when compared to the 1999 rate.					
GOAL	Increase awareness, access and participation of African-American heterosexual women in HIV prevention programs by targeting outreach, testing and educational programs.					
		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
1. By the end of the project year, increase the number of African-American heterosexual women who are knowledgeable of their serostatus by conducting HIV counseling and testing programs in community based settings.	NUMBER OF UNITS	1,000	1,000	1,000	1,000	1,000
	PEOPLE REACHED	1,000	1,000	1,000	1,000	1,000
	BUDGET \$325,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000

		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
2. By the end of the project year, increase the number of African-American heterosexual women who have access to HIV prevention strategies by conducting outreach/referral interventions.	NUMBER OF UNITS	250	250	250	250	250
	PEOPLE REACHED	7,500	7,500	7,500	7,500	7,500
	BUDGET \$165,000	\$27,500	\$27,500	\$27,500	\$27,500	\$27,500
3. By the end of the project year, conduct intensive, skills building training for African-American heterosexual women by conducting individual level interventions.	NUMBER OF UNITS	300	300	300	300	300
	PEOPLE REACHED	300	300	300	300	300
	BUDGET \$90,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
4. By the end of the project year, conduct intensive, skills and self esteem building training for African-American heterosexual women by conducting group level interventions.	NUMBER OF UNITS	150	150	150	150	150
	PEOPLE REACHED (min)	450	450	450	450	450
	BUDGET \$85,500	\$14,250	\$14,250	\$14,250	\$14,250	\$14,250

AFRICAN-AMERICAN GAY AND BISEXUAL MEN

**5-year resource need:
\$580,000**

OUTCOME OBJECTIVE	By the end of the project period, December 31, 2009, the incidence of HIV/AIDS among African-American gay and bisexual men will be reduced by 50% when compared to the 1999 rate.					
GOAL	Increase awareness, access and participation of African-American gay and bisexual men in HIV prevention programs by targeting outreach, testing and educational programs.					
		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
1. By the end of the project year, increase the number of African-American gay and bisexual men who are knowledgeable of their serostatus by conducting HIV counseling and testing programs in community based settings.	NUMBER OF UNITS	1,000	1,000	1,000	1,000	1,000
	PEOPLE REACHED	1,000	1,000	1,000	1,000	1,000
	BUDGET \$325,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000

		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
2. By the end of the project year, increase the number of African-American gay and bisexual men who have access to HIV prevention strategies by conducting street outreach/referral interventions.	NUMBER OF UNITS	250	250	250	250	250
	PEOPLE REACHED	7,500	7,500	7,500	7,500	7,500
	BUDGET \$165,000	\$27,500	\$27,500	\$27,500	\$27,500	\$27,500
3. By the end of the project year, conduct intensive, skills building training for African-American gay and bisexual men by conducting individual level interventions.	NUMBER OF UNITS	300	300	300	300	300
	PEOPLE REACHED	300	300	300	300	300
	BUDGET \$90,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

AFRICAN-AMERICAN YOUTH

**5-year resource need:
\$320,000**

OUTCOME OBJECTIVE		By the end of the project period, December 31, 2009, the incidence of HIV/AIDS among African-American youth will be reduced by 50% when compared to the 1999 rate.				
GOAL		Increase awareness, access and participation of African-American youth in HIV prevention programs by targeting outreach, testing and educational programs.				
		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
1. By the end of the project year, increase the number of African-American youth who are knowledgeable of their serostatus by conducting HIV counseling and testing programs in community based settings.	NUMBER OF UNITS	200	200	200	200	200
	PEOPLE REACHED	200	200	200	200	200
	BUDGET \$65,000	\$13,000	\$13,000	\$13,000	\$13,000	\$13,000

		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
2. By the end of the project year, increase the number of African-American youth who have access to HIV prevention strategies by conducting street outreach/referral interventions.	NUMBER OF UNITS	250	250	250	250	250
	PEOPLE REACHED	7,500	7,500	7,500	7,500	7,500
	BUDGET \$165,000	\$27,500	\$27,500	\$27,500	\$27,500	\$27,500
3. By the end of the project year, conduct intensive, skills building training for African-American youth by conducting individual level interventions.	NUMBER OF UNITS	300	300	300	300	300
	PEOPLE REACHED	300	300	300	300	300
	BUDGET \$90,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

HEALTH COMMUNICATIONS/PUBLIC INFORMATION

**5-year resource need:
\$385,000**

OUTCOME OBJECTIVE	By the end of the project period, December 31, 2009, the incidence of HIV/AIDS among African-American gay and bisexual men will be reduced by 50% when compared to the 1999 rate.					
GOAL	Increase the number of African-Americans who are aware of and participate in HIV prevention program activities by conducting health communications/public information activities.					
		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
1. By the end of the project year, increase the number of African-Americans who are aware of and participate in HIV prevention program activities by radio advertisements	NUMBER OF UNITS	1,000	1,000	1,000	1,000	1,000
	PEOPLE REACHED (est)	30,000	30,000	30,000	30,000	30,000
	BUDGET \$325,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000

		ACTIVITY AND BUDGET				
OBJECTIVE		2005	2006	2007	2008	2009
2. By the end of the project year, increase the number of African-Americans who are aware of and participate in HIV prevention program activities by placing billboards in highly impacted neighborhoods.	NUMBER OF UNITS	50	50	50	50	50
	PEOPLE REACHED (est)	5,000	5,000	5,000	5,000	5,000
	BUDGET \$60,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000